

GROUP AND BLANKET HEALTH CHECKLIST (NON-HEALTH BENEFIT PLAN)

- () Read cover letter to see what type of filing it is. Insurance, trust, state of origin; is group eligible? Are policy and certificate both included? Application, endorsements, riders, etc.?
- () Review with General Health Insurance Policy Checklist

Mandatory Provisions/Benefits

The following provisions must appear. If they do not, check the statute to be sure it applies to the type of policy being reviewed.

- () KRS 304.18-030(1) Representations - not warranties
- () KRS 304.18-030(2) Summary of benefits provided
- () KRS 304.18-030(3) Additional new enrollees allowed
- () KRS 304.18-032 Newborn children covered from moment of birth. Notice of birth and premium payment may be required within 31 days from the date of birth in order to continue coverage beyond 31 days if payment of premium is required to add a child.
- () KRS 304.18-070(1) Entire contract (blanket policies)
- () KRS 304.18-070(2) Notice of sickness or injury (20 days) (blanket policies)
- () KRS 304.18-070(3) Proof of loss form (15 days) (blanket policies)
- () KRS 304.18-070(4) Furnish written proof of loss (90 days) (blanket policies)
- () KRS 304.18-070(5) Benefits payable upon written proof of loss (blanket policies)
- () KRS 304.18-070(6) Right and opportunity to examine insured, at insurer's expense (blanket policies)
- () KRS 304.18-070(7) No action at law until 60 days and within three (3) years (blanket policies)
- () KRS 304.18-098 Mandated mammography screening
- () KRS 304.17-316(2)(b) Expanded mammogram coverage for people at any age if that person has been diagnosed with breast cancer.

- () KRS 304.18-110 Continuation
- () Bulletin 86-8 COBRA continuation to be addressed when applicable
- () KRS 304.18-126 Policies to provide reasonable extension of benefits
- () KRS 304.18-127 Liability of succeeding insurer

The following must be covered. If not specifically mentioned as a benefit, they may not be excluded. Check statute to be sure it applies to the type of policy being reviewed.

- () KRS 304.18-035 Coverage at ambulatory surgical centers
- () HIPAA Mental Health Parity (cannot put maximum limits on mental health coverage in large groups) Mental health offering if elected is more comprehensive than HIPAA
- () KRS 304.18-0363 Coverage for services of licensed psychologist or licensed clinical social worker
- () KRS 304.18-0985 Breast cancer coverage (ABMT)
- () KRS 304.18-0365 Coverage for TMJ
- () KRS 304.18-095 Definition of doctor to include optometrists, osteopaths,
- () KRS 304.18-097 physicians, chiropractors, and dentists

Required Offerings

- () KRS 304.18-033 Well newborn nursery care (5 days or length of mother's stay)
N/A if routine nursery care is already provided in the contract
- () KRS 304.18-036 Mental Illness, KY* (same as physical)
- () KRS 304.18-037 Home health care, KY * (60 visits) N/A if covered for at least
60 visits is already covered in the contract
- () KRS 304.18-130 Alcoholism, KY * -N/A if coverage meets or exceeds required
through 18-170 coverage in the contract
- () 806 KAR 18:010
* Applicable only to contracts issued in Kentucky
- () KRS 304.18-0983 Breast reconstruction, treatment of endometriosis and
endometritis, and bone density testing. Mastectomy coverage
cannot be required on an outpatient basis.

- () Labor Law Maternity coverage for employer groups with 8 or more employees.

Optional Provisions

- () KRS 304.14-370 &
() KRS 304.14-380 Binding arbitration cannot be required. However, arbitration
() KRS 304.18-050 can be an option for the insured. Contract may provide for the
adjustment of the premium rate based on experience
- () KRS 304.18-040 Payments may be made directly to the service provider;
() KRS 304.18-090 however, it may NOT require services be rendered by a
particular provider (806 KAR18:020)
- () KRS 304.14-230(1) The policy may be delivered by electronic transfer, by
agreement between the insurer and the insured or the person
entitled to receive the policy.

Prohibited Provisions

- () KRS 304.5-160 Health insurance contracts cannot cover abortion except by
rider.
- () KRS 304.12-013 May not limit, reduce or exclude AIDS related benefits
- () KRS 304.12-250 May not exclude work-related conditions unless the claimant
is eligible for benefits under any workers' compensation.

Checklist for PPO plans with insurers must also add information listed below in addition to the information provided on the group health checklist above.

- () 806 KAR 18:020 Health insurers cannot offer contracts containing preferred
provider arrangements where the difference between amounts
payable for preferred provider and a non-preferred provider
exceed twenty-five percent. Provider directories and
plan information must be provided upon request.